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Bib Data Sheet

CONFIRMATION NO. 8368

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|-----------------------------|--|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER 09/751,577 | FILING OR 371(c) DATE 12/29/2000 RULE | CLASS 433 | GROUP ART UNIT 3732 | ATTORNEY DOCKET NO. AT00092 |
|-----------------------------|--|--------------|------------------------|-----------------------------------|

APPLICANTS

Ross Miller, Sunnyvale, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/19/2003

| | | | | | |
|---------------------------------|---|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | CA | 11 | 38 | 5 |
| Verified and Acknowledged | Examiner's Signature Initials | | | | |

ADDRESS

20350

TITLE

Methods and systems for treating teeth

| | | |
|-----------------------------|---|---|
| FILING FEE RECEIVED 1194 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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APPLICANTS

Ross Miller, Sunnyvale, CA;

** CONTINUING DATA *****

THIS APPLICATION IS A CIP OF 09/466,353 12/17/1999

** FOREIGN APPLICATIONS *****

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|---------------------------------|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 11 | TOTAL CLAIMS 38 | INDEPENDENT CLAIMS 5 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature <i>JR</i> | Initials | | | |

ADDRESS

24710

TITLE

Methods and systems for treating teeth

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|--------------------------------|---|---|
| FILING FEE RECEIVED 1194 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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